

Uncompensated Care Pool (UCP) wrap-around deductibles for Children's Medical Security Plan (CMSP) patients between 201 - 400% of the Federal Poverty Level (FPL)

If a patient is a *Partial Low-Income Patient* and the exact income and family size can be determined, the provider must calculate the co-pay and/or deductible using the formula found at 114.6 CMR 12.03, in sections 1, 3 and 4.

Providers should always check all family members in the Recipient Eligibility Verification System (REVS) to determine if a family deductible amount is present. If a family deductible can be determined using REVS, it should be used. Providers may also ask patients for their MassHealth determination letter, which provides family deductible amount. Otherwise, providers may calculate deductibles for *Partial Low-Income Patients* as though their income was equal to 201% FPL.

If the family size and income cannot be determined from other sources, CMSP patients seeking services at a community health center are to be assessed a sliding scale fee as though their income were equal to 201% FPL.

Specific deductible amounts for 2007 at 201% FPL are shown below:

LMTD CMSP:	<200% FPL
CMSP Only:	200-400% FPL
CMSP Only w/ UCP Restrictive Msg.:	>400% FPL (no UCP wrap)

Family Size	201%	Deductible
1	\$20,526	\$41
2	\$27,521	\$55
3	\$34,516	\$69
4	\$41,511	\$83
5	\$48,505	\$96
6	\$55,500	\$110
7	\$62,495	\$124
8	\$69,490	\$138